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PHILADELPHIA, AUGUST 18, 1877.

ORIGINAL LECTURES.

ASPIRATION IN COMPLICATED CASES OF PLEURAL EFFUSION.

BY WM. PEPPER, M.D.,

Professor of Clinical Medicine in the University of Pennsylvania.

Reported by S. M. Miller, M.D.

IV.—CARDIAC DISEASE WITH PLEURAL EFFUSION.

PLEURAL effusion occurs so frequently in connection with valvular disease of the heart, and adds so seriously to the dangers of that condition, that it is necessary to be constantly on the lookout for its development. From time to time it should be searched for by careful physical exploration, and the appearance in any such case of increased dyspnœa and disturbance of the heart's action should lead us to repeat such examinations. In some instances it does not appear until extensive œdema and ascites have occurred, while in others it may appear and even reach a high degree while there is little or no dropsy elsewhere. In these latter cases especially is the development of pleural effusion apt to be overlooked.

It is easy to understand why pleural effusion should frequently occur in the course of organic heart disease. Sometimes it results from subacute inflammation of the pleura, apparently set up by the extension of morbid action from the heart or pericardium. In rare instances it may be induced by the pressure of an enormously enlarged auricle upon the azygos veins. In the majority of cases, however, it occurs as a result of the general venous stasis, and is then only one manifestation of a general dropsy.

In my own experience, pleural effusion in heart disease is decidedly more frequent on the left than on the right side; possibly because the first two causes above mentioned would naturally tend to produce it chiefly on the left side.

The diagnosis of the effusion is easily made by attention to the ordinary signs. The danger is, as already stated, that the dyspnœa and increased disturbance of the heart's action may be attributed to the extension of the cardiac disease, and no careful examination for pleural effusion be made. It is extremely important that the diagnosis should be made as early as possible, because the existence of pleural effusion adds greatly to the dangers of cardiac disease, interferes much with the action of many of our most valued remedies, and frequently calls for the use of special means of treatment directed to the removal of the effusion.

The following case illustrates strikingly many of the above remarks:

Case VI.—J. J., æt. 53; seen with Dr. T. J. Yarrow. Since early in 1875 his wife had noticed that he was not himself. No rheumatism; evidently an insidious development of cardiac disease. Frequency of urination, but no albuminuria. Symptoms of valvular disease, dyspnœa, palpitation, œdema, cough, made their appearance in the early summer of 1876. He had one or two alarming attacks of cardiac and pulmonary embarrassment. I saw him first on August 10, 1876. There was marked distress; œdema of feet and legs; belly large, probably some little ascites; heart very irregular, indistinct mitral murmur; tongue furred; appetite poor; distress after eating; moderate amount of hydrothorax on left side. His diet was restricted, with rest and occasional mercurials and laxatives. These did great good. Before this treatment, digitalis disagreed markedly with the stomach, but afterwards it was better borne; still, neither in form of infusion, tincture, or powder was it as well borne as usual nor did it do so much good. We got rid of the dropsy of the legs, and after repeated blistering the hydrothorax was diminished and almost disappeared. I saw him again in October of 1876, and he continued moderately comfortable, though with ups and downs, until January, 1877, when after over-exertion he was worse. Again he grew more comfortable, but on January 14, after walking out, he became very ill; intense dyspnœa, cough, and palpitation appeared. He passed a bad night, and was very ill when I saw him next morning. His pulse was 115, and very irregular. There was considerable hydrothorax on the left side. The heart was displaced, the face livid, and the respiration gasping. Paracentesis was immediately performed, and f℥lxv (65) of light-colored serum were drawn off, leaving about two inches of dulness at the base of the chest. The breathing was much relieved, and the respiratory murmur with coarse friction-sounds immediately returned. The heart-sounds became more distinct, and the mitral murmur much louder and audible posteriorly. He was ordered restricted diet, but it was difficult to restrain his appetite. Iodide and acetate of potassium were given. Digitalis and aconite were tried, but without success;

the hydrothorax returned, and on February 15, 1877, he was so ill that it became necessary to perform paracentesis a second time, and f℥lx (60) of clear serum were drawn off. The needle was introduced in the ninth interspace, just outside of the line of the inferior angle of the scapula. Apparently every drop was drawn off, as resonance and good murmur returned down to the very base of the chest. No unfavorable symptom appearing during the operation, the same treatment was continued. Immediately after the operation there was the same relief, but very soon evidences of returning effusion manifested themselves. He was then placed on skimmed milk, f℥iv every three hours, quinine, gr. ii q. q. h., blue mass, gr. iv every week. Under this liquid diet rapid improvement showed itself. The fluid in the chest steadily diminished, and on March 12 it had entirely disappeared. The pulse fell to 76–80, the mitral murmur grew much less harsh and strong. On July 1 he came again under my notice. He was feeling very well indeed; able to walk without fatigue or dyspnœa. Attends to light business, and, although extremely careful, feels stronger and able to accomplish more than for a long time. There was no effusion at all; the mitral regurgitant was still pronounced; the respiratory murmur weak over left lower lobe. Still lives on bread and milk, vegetables and berries. No stimulus is allowed. The œdema has disappeared. Pulse 84–90. Strong pulsation of cervical vessels. Heart-sounds heavy and strong in carotid. Radial pulse fills quickly, is quite large, and does not retract abruptly.

Remarks.—The above case offers a number of points of clinical interest. The value of paracentesis in such an instance does not consist only, or even chiefly, in the vast relief which it affords, but in the fact that by removing a cause of greatly-added dyspnœa and disturbance of circulation it gives time for the operation of remedies and enables them to work more efficiently. It frequently happens that ordinary means for causing absorption of pleural effusion fail when cardiac disease coexists; and when this has proved to be the case, paracentesis should be promptly performed, even for much smaller amounts of effusion than call for it when no heart-complication is present. It is important to note further how much trouble there was in digestion, and how poorly certain remedies acted so long as the marked impediment to pulmonary and hepatic circulation persisted. The dyspepsia which often attends obstructive cardiac disease, and proves one of its most troublesome symptoms, is due chiefly to the extreme congestion of the liver and of the mucous membrane of the stomach. In turn, this condition reacts upon the heart, and the disturbance of its action and the consequent distress and dyspnœa are increased.

In some instances the free use of remedies directed to the heart, such as digitalis, aconite, etc., will, by regulating the central organ, lead to a prompt removal of the various local congestions; but in other cases these remedies, even when freely given, fail to produce any good effect. It has been already remarked that this may be due to the coexistence of more or less pleural effusion. It is equally true that in other cases it is due to gastro-hepatic congestion, with perhaps a disposition to general plethora. It is here especially that rigidly-restricted diet and the occasional use of the deobstruent remedies produce such remarkable results. The diet to be chosen must be one that is not stimulating, that does not furnish too much blood, and yet is sufficiently nourishing. In some cases an almost exclusive vegetable diet does very well. I have obtained most striking results from an exclusive skimmed-milk diet, followed out as in the above case. Its effects are often truly remarkable, both in the feeling of lightness and comfort imparted, in the disappearance of dropsy, and in the improvement in the action of the heart. In such cases of cardiac disease the most valuable of deobstruents is unquestionably a mercurial; and I attach very great importance to an occasional dose of from three to five grains of blue pills, followed after six hours by a saline laxative. Not only does this reduce the general mass of blood, but it acts in a most positive manner to relieve the portal circulation, the congestion of which is at the end of so many troublesome symptoms of obstructive heart-disease.

It is needless to say that while attention is being paid to the points of practice above alluded to, the use of whatever special remedy may be called for by the state of the heart must be steadily pursued. In the present case much better results were obtained from general treatment than from any such special remedy; and, indeed, all of the latter which were tried either disagreed with the stomach, or failed to do good to an unusual degree. The case must be regarded as a most satisfactory illustration of the great relief that can be afforded in cases of obstructive car-

diac disease, even when the symptoms seem most unfavorable and most exceedingly threatening.

ORIGINAL COMMUNICATIONS.

CEREBRAL ABSCESS AND DILATED BRONCHI.

BY J. H. HUTCHINSON, M.D.

Read before the Pathological Society of Philadelphia, April 26, 1877.

THE following history of the case, from which the specimens I present this evening were derived, is drawn up from notes taken at the bedside by Dr. Morris J. Lewis.

H. A. P., æt. 36; single; moulder; born in Philadelphia; was brought into the surgical ward of the Pennsylvania Hospital on March 6, 1877, having been found a short time previously in the street in an unconscious condition. On admission he was comatose, and paralyzed as to motion and sensation, evincing not the slightest sensation when pricked with a pin. Pulse, 80. Respiration, 20, and stertorous. His breath smelt of alcohol, and, as no marks of injury could be detected, his condition was at first not unnaturally attributed to drunkenness. Later in the day he showed symptoms of improvement, which had so far advanced the next day that he was able to give his name and age. As a careful examination showed he had pneumonia, he was transferred to the medical wards under my care.

I saw the patient for the first time on the 8th, when, in spite of his extreme restlessness, which made the physical examination of his chest extremely difficult, I detected dulness upon the right side below the spine of the scapula, together with subcrepitant râles, bronchial respiration, and increased vocal resonance. None of these signs were, however, so marked as it is usual to have them in the croupous form of pneumonia, and, as the vocal fremitus was also not much increased, I thought it more probable that I had to do with a case of catarrhal pneumonia,—a view which was borne out by the character of the expectoration, which was scanty and tenacious and not stained by blood. On the left side the physical signs indicated the presence of pleurisy with a slight effusion. The heart-sounds were normal. On examination the urine was found to be orange-colored, cloudy, acid in reaction, and to have a specific gravity of 1022. It contained neither albumen nor sugar. The patient's head was drawn very slightly to the left side, but this retraction was so slight, and appeared to pass off so completely upon moving the head, that, notwithstanding the presence of delirium, no further attention was paid to it at the time, it being thought that the delirium was in all probability a consequence of the inflammation within his chest.

A few days after the patient's admission into my ward it was noticed that his breath was horribly offensive, especially after coughing. This, with the fact that at a point in the right interscapular region, one and one-half inches above the inferior angle of the scapula, gurgling was very distinctly heard, made me suspect that gangrene of the lung had set in. The expectoration was found, however, not to resemble at all that which takes place in gangrene, being light in color and free from odor. Gurgling was also heard, but less distinctly, towards the base of the chest on the same side. These signs, therefore, seemed to indicate the existence of dilatation of one or more bronchial tubes. About the same time ægophony was heard upon the left side, but disappeared in the course of a few days. Delirium still continued, but there was no longer paralysis, the patient frequently leaving his bed to wander about the ward, to prevent which mechanical restraint was occasionally necessary. Apparently there was no loss of sensation, and there was certainly no hyperæsthesia of any part of his body; but, as will readily be understood, the examination of the sensory condition of the surface was surrounded with difficulties not easily overcome. He was able to answer simple questions intelligently enough, but could not yet give a connected account of the manner in which his seizure came on.

On the 18th I found him lying in bed with his head drawn to the left side, the left sterno-cleido-mastoid muscle and platysma being firmly contracted, while the muscles at the back of the neck were relaxed. The face was also drawn to the left side, and the tongue protruded to the right. Any attempt to straighten his head gave rise to intense pain, which was distinctly shown by the expression of his face. The right pupil was very small, but reacted perfectly to light. The left eye could not be examined, owing to marked symblepharon, the result of an old injury. An ophthalmoscopic examination, which was made with some difficulty, as the pupil dilated very little under the influence of atropia, revealed slight choking of the disk, with white patches on its nasal side,—probably the remains of old hemorrhages. The patient's mind was also more confused, but there was no paralysis of the body or of the limbs, and no inability to take food, which was of course given to him in the form of milk and beef-tea. He had also recently been taking four ounces of whisky daily.

Up to this time the patient had been taking quinia, opium, and digitalis, but he was now, in view of the threatening cerebral symptoms, placed upon twenty grains of the iodide of potassium three times a day. He was also

ordered an increased amount of stimulus. The physical signs of the disease of his lungs remained unaltered. Under this treatment he slowly improved. At times there was slight twitching of the muscles of the legs, and on the 23d of April I find that "apparent anæsthesia of the right side of the body" is noted, and on the 26th that an eruption somewhat resembling that of urticaria, but differing from this in the color of the wheals, which were red, is said to have taken place. It was entirely unlike that usually caused by the iodide, and disappeared in the course of a few days. On the 1st of April the stiffness of the neck had entirely disappeared, and his mental condition had so far improved that he was able to give some account of himself, but it was still disconnected. On the 9th of April the following facts in his history were obtained from him :

His mother died of some fever. There appears to be no tendency to hereditary disease in his family. When a boy, he had remittent fever. In 1863 he was struck by a splinter, which caused an injury which resulted in the symblepharon already alluded to. About eighteen years ago he contracted gonorrhœa, but he denies ever having had a chancre or any evidences of constitutional syphilis. He has been a pretty hard drinker. In February, while feeling perfectly well, he went to work in a white-lead factory, where he remained only three days. The time of exposure was so short that it is impossible to believe that lead-poisoning can have anything to do with his present condition, especially as we cannot obtain from him an admission that he has ever suffered from colic or obstinate constipation. Moreover, no blue line could be discovered on the gums. About this time an attack of bronchitis occurred, accompanied by very little expectoration. On the morning of March 6, the day of his admission into the Hospital, he felt perfectly well, being entirely free from headache; but while walking in the streets he suddenly became unconscious.

This improvement was of short duration, for on the 13th of April his temperature rose to 103°, and his face was observed to be drawn to the right side. The iodide of potassium, which had been discontinued a few days before, was again ordered, but in larger doses. Unfortunately, its effects were not so beneficial as before, for in a few days all the former symptoms had returned with even greater intensity than at first. It was rather singular, however, that this time the head and face were strongly drawn to the right side. The patient's cough, which had almost entirely disappeared under treatment, has again returned, and with it the former fetor of the breath. The physical signs were still as before, —dulness in percussion below the spine of the scapula on right side, increased vocal fremitus, and resonance. Coarse mucous râles almost amount to gurgling towards the base of the lung, with well-marked gurgling, pectoriloquy, both sonorous and whispering, and occasional ægophony at a point in the interscapular region an inch and a half above the inferior angle of the scapula.

I shall leave to Dr. Longstreth the task of describing the post-mortem examination.

Post-mortem record, by Dr. Morris Longstreth, Pathologist to the hospital.—Autopsy eight hours after death. Rigor mortis marked. Abdominal cavity presented nothing unusual. There was general adhesion of right pleura; on the left side there were adhesions over whole upper lobe, and partially over lower lobe and lung. Pericardium contained a small amount of clear serum; no evidences of inflammation.

Heart.—Left ventricle firmly contracted. Right ventricle relaxed. Right auricle contained fluid blood and fibrinous clots, continuous into the venæ cavæ. Right ventricle contained a little fluid blood and fibrinous clot. Left side of heart nearly empty. The orifices and valves were normal. Weight twelve ounces.

Slight atheroma of aorta.

Lungs.—The anterior parts of both lungs were normal; posterior parts were solid. The right side was more affected than the left. On the *right* side the condition seemed to be due to collapse of the tissue, with a superadded inflammatory trouble; on section, the tissues exuded some blood and serum, not frothy; the surface of the cut section was not granular; the resistance was slightly lessened. On the *left* side, posteriorly, a section gave abundance of bloody serum and blood, somewhat frothy. This side presented much less evidence of inflammatory change.

The *bronchial tubes* in the right lower lobe were found dilated, as well as the main bronchus. The mucous membrane was thickened, red, and thrown into folds.

Spleen normal. Weight, five ounces.

Kidneys were both large, congested. The capsule was more than normally adherent, tearing the surface on removal, and leaving the surface of the organ slightly granular. The appearances were more marked in the right organ than in the left. Right kidney weighed five and a half ounces; left, six ounces.

Liver.—Outline was regular. Its tissue appeared normal. Weight, three pounds nine ounces.

Stomach.—There were marked post-mortem changes; otherwise the organ appeared normal.

Intestines.—There was no special examination carried out; their general appearance was normal.

Head.—Scalp was not congested. Calvaria presented nothing especial.

Membranes.—Dura mater not specially adherent; not congested. It is tightly stretched.

The Pacchionian bodies are conspicuous. The arachnoid on the convexity of anterior lobes was thickened, and of a pinkish color. The vessels of the pia mater were full of fluid blood. The longitudinal sinus was apparently empty.

At the base of brain, the interpeduncular space as far forward as the optic commissure was covered with a layer of pinkish-white lymph, resting beneath the arachnoid. The inflammatory deposit extended outwards into the beginning of the fissure of Sylvius on each side.

In dividing the nerves, etc., at the base, very thick pus escaped, coming, apparently, not from the infundibulum and third ventricle, but from an opening behind and to the right side. The nerve-trunks presented nothing abnormal. The arteries were not atheromatous. The branches of the left middle cerebral were fuller of blood than those of the right, especially the terminals; but no obstruction of the larger branches was discovered.

The floor of the third ventricle was bulging; otherwise there was no distortion of the parts at the base of the brain.

The lateral ventricles were filled with cloudy serum; in some parts, this mixed with pus of the same character as that escaping at base on the removal of the brain. [It is probable that the pus found here was the result of the dissection.] The cavity on both sides was somewhat enlarged, more in the anterior and posterior cornua than in the central part and middle horn; it was especially to be noted in both posterior cornua. The choroid plexus was pale. The ependyma was thickened, especially over the great ganglia. The septum medium was found ruptured, and the parts softened. The under surface of the corpus callosum was markedly softened, and its tissue, even in its depth, showed areas of vascularity or ecchymosis.

The right optic thalamus felt softened; the left had its surface uneven, and part of it felt firmer than the surrounding brain-substance. On section of the right ganglia there was found an area, reaching nearly up to its ventricular surface, and extending towards the base, partly filled with thick pus. It was about the size of a pigeon's egg. The walls of the abscess were of considerable thickness, although not dense. The cavity was somewhat irregular in outline.

A section of the left optic thalamus showed its substance nearly normal, although its deeper parts presented increased vascularity.

The left corpus striatum was normal, whilst the right ganglion was of less firm consistence.

The third ventricle seemed narrowed; its walls were softened, and it contained some purulent matter and serum. Its commissures were intact.

The aqueductus Sylvii was not dilated, and the parts around it presented nothing especial.

The fourth ventricle was dilated, and contained only clouded serum. The markings on its floor were but imperfectly to be recognized.

The pons, medulla oblongata, and cerebellum, as well as the remaining parts of the brain, showed nothing abnormal.

The pineal gland and the pituitary body were examined, and showed nothing unusual.

The posterior segments of both eyes were removed for examination, but the retinæ separated so easily from the choroid that nothing very definite was made out with certainty, either of the condition of the retina or of the head of the optic nerves.

There were some hemorrhagic points to be seen, apparently recent. The best view of the disk was obtained in the left eye, and it seemed that its periphery was elevated, but it could not be said that its outline was irregular, or that there was any thickening of the adjacent portions of the retinal tissues.

The optic trunks on both sides appeared normal, and their sheaths likewise showed no alterations; especially was it noted that no dilatation or abnormal looseness of the external sheath existed at or close to the sclerotic.

I need not say that the diagnosis in this case was one of extreme difficulty. At first the cerebral symptoms were not unnaturally attributed to alcoholism, and even after he came under my care I did not certainly recognize the presence of a more serious lesion than the pneumonia, until the occurrence of spasm of the muscles of the neck. He appeared to be laboring under a low form of inflammation of the lungs,—as in fact the post-mortem examination showed that he was,—which, as we all know, is frequently accompanied by just the kind of delirium that was present in this case. The occurrence of contraction of the muscles of the neck, together with the results of the ophthalmoscopic examination, which were fully confirmed a day or two subsequently by Prof. Wm. F. Norris, left no doubt on my mind of the presence of a grave cerebral disease, although it was not possible to decide of what character this was. I felt sure that there was inflammatory action at the base of the brain, for this was rendered certain by the spasm of the muscles of the neck, but was unable to say what had been the starting-point of this inflammation. It was at first suspected that he had been struck on the head; but there were no marks of external injury, and later, when fully able to give an account of himself, he attached no blame to any one, believing, as indeed is most likely to have been the case, that he had suddenly

become unconscious while walking in the street. Regarding it as possible that the patient might be syphilitic, I placed him upon large doses of the iodide of potassium, and apparently at first with good results.

It would have been easier to explain the occurrence of the abscess which was found in the right optic thalamus, if it had been possible to obtain from the patient or his friends any history of injury to the head; but this does not seem to have taken place, nor were there any bruises such as would be likely to be caused by a severe fall. It is therefore difficult to explain the presence of the abscess in any other way than by supposing that there was some connection between it and the condition of the right lung, it being well known that cerebral abscess may be associated with and apparently dependent upon chronic disease of the lungs. Messrs. Gull and Sutton, in their article on this subject in Reynolds's System of Medicine, have tabulated seventy-six cases of cerebral abscess, and I shall quote what they have to say in regard to this connection. "In two of our cases the morbid appearances were such as to indicate acute changes in the lungs, extending, however, over several weeks. In a case that occurred at St. Bartholomew's Hospital, the lung presented the appearance of acute pneumonia in the third stage; but the symptoms indicated that the disease had been going on about two months and ten days.

"In all the other cases which have come under our notice, the morbid changes in the chest had evidently been going on several months, and even years. In one, there was a large suppurating chronic empyema. In another, there was a large cavity at the apex of the right lung, which was firmly adherent to the chest-walls by a thick layer of indurated tissue. Another patient had had flattening and general contraction of the left chest for years, signs of dilated bronchial tubes and of disease in the left lung."

Huguenin also, in his article on Encephalitis in Ziemssen's Cyclopædia of the Practice of Medicine, refers fully to the connection between abscess of the brain and affections of the lungs, saying that "the lung is the organ from which the infection of the brain is most frequently derived. Probably in most of these cases we have to deal with broken-down thromboses of the veins of the lungs. The affections of the lung which may cause metastatic abscess are:

"1. Bronchiectasis with stagnant and putrid secretion.

"2. Bronchiectasis with consecutive gangrene of the lung.

"3. Circumscribed gangrene of the lung in typhoid. Multiple abscesses of the brain.

"4. Abscess of the lungs.

"5. Tuberculosis. Gangrenous tuberculous cavities.

"6. Putrid bronchitis with consecutive pneumonia and gangrene of the lung.

"7. Chronic pneumonia due to the presence of a piece of bone in a bronchus."

Appended is the temperature record.

Date.	Pulse.	Resp.	Temp.
March 6, A.M.	72	12	96.5°
P.M.	73	15	97.5°
" 7, A.M.	75	19	98.5°
P.M.	120	30	101°
" 8, A.M.	110	32	102°
P.M.	110	28	102.5°
" 9, A.M.	90	30	101°
P.M.	94	30	102°
" 10, A.M.	84	28	101°
P.M.	90	28	102.5°
" 11, A.M.	90	28	102°
P.M.	82	26	102.5°
" 12, A.M.	86	24	101.5°
P.M.	80	24	101.5°
" 13, A.M.	90	24	103.5°
P.M.	100	26	101 5°
" 14, A.M.	100	24	102°
P.M.	96	24	100°
" 15, A.M.	96	24	101°
P.M.	104	26	103°
" 16, A.M	90	24	100°
P.M.	84	30	101.5°
" 17, A.M.	86	30	100°
P.M.	100	30	100°
" 18, A.M.	100	24	100°
P.M.	96	28	100°
" 19, A.M.	130	32	103.5°
P.M.	130	32	100.5°
" 20, A.M.	100	38	99°
P.M.	110	28	102°
" 21, A.M.	100	26	98°
P.M.	100	26	99°
" 22, A.M.	106	26	100°
P.M.	100	26	100°
" 23, A.M.	110	24	99.5°
P.M.	120	28	102°
" 24, A.M.	100	36	99°
P.M.	110	30	100.5°
" 25, A.M.	100	24	99.5°
P.M.	100	24	102°
" 26, A.M.	90	24	99°
P.M.	130	28	102°
" 27, A.M.			
P.M.	130	28	102.5°
" 28, A.M.	110	26	100°

Date.	Pulse.	Resp.	Temp.
March 28, P.M.	100	28	101°
" 29, A.M.	110	26	100°
P.M.	110	28	99°
" 30, A.M.	100	26	98.5°
P.M.	110	26	101°
" 31, A.M.	110	26	99°
P.M.	110	26	99.5°
April 1, A.M.	100	26	98°
P.M.	100	26	98.5°
" 2, A.M.	80	24	98°
P.M.	100	24	99°
" 3, A.M.	74	24	97.5°
P.M.	96	24	98.5°
" 4, A.M.	90	24	98°
P.M.	80	24	98°
" 5, A.M.	96	24	98.5°
P.M.	96	24	97.5°
" 6, A.M.	94	20	98°
P.M.	96	24	98.5°
" 7, A.M.	100	24	100.5°
P.M.	100	24	100.5°
" 8, A.M.	90	24	98.5°
P.M.	100	24	99°
" 9, A.M.	100	24	98°
P.M.	100	24	98 5°
" 10, A.M.	100	24	98°
P.M.	84	24	99°
" 11, A.M.	80	24	98°
P.M.	100	22	100°
" 12, A.M.	84	20	98°
P.M.	94	28	101 5°
" 13, A.M.	90	24	101.5°
P.M.	100	24	103°
" 14, A.M.	94	24	102°
P.M.	100	24	101.5°
" 15, A.M.	94	24	102°
P.M.	104	24	101.5°
" 16, A.M.	100	24	102°
P.M.	90	24	101.5°
" 17, A.M.	90	24	101.5°
P.M.	90	24	101.5°
" 18, A.M.	80	24	100.5°
P.M.	84	26	101.5°
" 19, A.M. Died.	136	20	103.5°

TWO CASES IN WHICH THE URINE CONTAINED A FUNGUS RESEMBLING SARCINA VENTRICULI.

BY N. G. MACOMBER, M.D.

THESE cases, on account of their presumed rarity, are reported rather as curiosities than for any practical utility likely to arise from their consideration.

Case I.—Charles A. had suffered for many years from chronic dementia. He first came under my observation in 1872, since which he has been troubled with a frequent and urgent desire to urinate, some days going to the water-closet every fifteen or twenty minutes during the day, on some other days not more frequently than once an hour. He also has to arise many times during the night. He is never troubled with constipation, but sometimes with a mild diarrhœa. He says he has a pain, or uncomfortable sensation, in the lower portion of his abdomen, but none in his back. His usual position when sitting is with his forearms folded across his groins and his body bowed forward upon them so as to make firm impression upon the abdominal region. When standing or walking, he also bows forward (although he can stand erect), and usually carries one or both hands within the waistband of his pantaloons, making pressure over the hypogastric region. In bed, he lies with limbs flexed and spine curved. His general health is tolerably good for a man of his age, which is now 68 years. His appetite is uniformly good, with no peculiarity in his desire for fluids, and no evidences of dyspepsia.

I first examined his urine October 7, 1875. My record is as follows:

October 7, 1875.—Color pale yellow, slightly turbid. Dense whitish deposit of considerable bulk. Microscope shows a few envelope crystals of oxalate of lime, a few tube-casts, a great abundance of epithelium leucocytes, and blocks of sarcina ventriculi. Sp. gr. 1012. Reaction strongly acid. Heat and nitric acid detect no albumen. On the application of heat in Trommer's test, the light-blue color of the solution changes to a bright straw-yellow, but no precipitate appears. Several other examinations agreed with the above.

October 22.—Sp. gr. 1012. Reaction feebly alkaline. Microscope shows as above noted, with a few large prismatic crystals of triple phosphates. This specimen had been standing four or five hours. The odor of the urine is peculiar, rather pleasant, suggesting, but different from, that of brewer's yeast. I have never met with such an odor, save in the case detailed subsequently.

Case II.—Wm. H., suffering from general paresis, came under my care. Owing to the mental condition of the patient, it is impossible to say whether he does or does not suffer from cystic uneasiness or pain. Occasionally, perhaps once a month on an average, he has, without apparent cause, become unable to void his urine without the use of the catheter. There is no stricture or other obstacle to the passage of the instrument, except a nervous spasm of the neck of the bladder, which always gives way in a few seconds before a very gentle pressure. The bladder contracts very sluggishly, and pressure upon the abdominal region is necessary to hasten the escape of its contents.

He appeared to suffer no inconvenience when on one occasion his condition was not recognized for twenty-four hours, when he had an accumulation of over thirty ounces in the bladder. His condition is usually discovered by the distention of the vesical region.

The urine when drawn by the catheter has appeared rather high-colored, but perfectly

transparent, and possessed of an unusual odor, as in previous case.

I first examined the urine of this patient October 9, 1875, and my note reads as follows: Color reddish-yellow, perfectly transparent; dense white deposit of considerable bulk. Microscope shows envelope crystals or octahedra of oxalate of lime, epithelium, and sarcina ventriculi (?) Specific gr. 1018; reaction acid; no albumen and no sugar.

October 25, 1875.—A specimen, after standing five days in an uncorked bottle in a room having a temperature between 70° and 80° Fahrenheit, exhibited a cloudiness throughout, with a whitish scum on the surface. In addition to the oxalate of lime, epithelium, and sarcina, as above noted, the microscope detected a great abundance of fungous branches and spores, resembling those of torula cerevisiæ, together with immense numbers of very lively vibriones and bacteria.

The specimen contained *no sugar*, was still strongly acid, and had no odor of putrefactive change.

Remarks. — The point of interest in these two cases is the presence of the objects which I supposed to be sarcina ventriculi. These objects apparently consisted of cells, sometimes occurring singly, but usually collected into squares or cubes, or modifications of these figures. These cells possess a refractive power which makes the definition of their margins unsatisfactory and the determination of their exact form difficult.

From the careful examination of a few of unusual size, I came to the conclusion that the single cell was intermediate in form between a cube and a globe, shaped like a "doctored die,"—a cube with the corners rounded off.

A very frequent arrangement of these cells was that in which four appeared grouped in the form of a square. Sometimes two additional cells changed the square into a parallelogram,—three cells long by two wide. Two more sometimes lengthened the parallelogram into one four by two. Sometimes four of the squares were placed together, making a secondary square, measuring four cells each way. These regular forms were so frequently modified by additions or deficiencies, by variations in the size of the cells united together, and by a tendency to separation in some part of the figure, that a near approach to symmetry was the exception rather than the rule. Sometimes the cells seemed to have been broken up and merely clustered together, without any attempt at definite arrangement. In color the cells presented a very slight yellowish tinge, somewhat like the color of red blood disks when tolerably free from hæmatin and viewed singly by transmitted light. The larger ones seemed to have a very slight greenish shade added to the yellow.

When viewed with a certain adjustment of focus, each cell appeared as a bright spot separated from its fellows by black lines, which in the regular figures crossed each other at right angles. With a slight change of focus the largest cells showed a cross dividing the bright spot into four, which probably indicated a tendency to propagate by subdivision of the cells.

In size the cells varied very considerably. The average diameter was not more than $\frac{1}{6500}$ or $\frac{1}{7000}$ in., but many were as small as $\frac{1}{10000}$ or $\frac{1}{12000}$ in., and some were as large as $\frac{1}{1000}$ in.

Some of the blocks appeared to be in movement. The motion, when seen, was usually of two kinds,—one of progression and a vibratory rolling from side to side, back and forward, about an axis in the line of progression.

Sometimes the block, instead of slightly rolling backward and forward, rotated completely on its axis, presenting successively what would be the lateral and posterior views if the one first seen be regarded as the anterior aspect.

The lateral view showed that the block was a solid figure having a depth equal to its breadth.

Specimens of urine were examined by Drs. J. G. Hunt, J. G. Richardson, Jas. Tyson, and D. F. Willard. These gentlemen agreed that these organisms bore a strong resemblance to sarcina ventriculi as seen in vomited matter; but as neither of them had ever met with that fungus in the urine, they were not sufficiently familiar with its appearance under such circumstances to assert its specific identity.

From the careful counting of the cells visible in a number of fields on different slides and from different specimens of W. H.'s urine, I found two hundred and fifty to be an average number for a field. By means of the lateral stage movement I found the diameter of the thin glass cover to be equal to the sum of the diameters of twenty-two fields.

Let 1 represent the diameter of a field, then 22 will represent the diameter of the thin glass cover. Since circles are to each

other as the squares of their diameters, the cover would contain 484 fields. $250 \times 484 = 121{,}000$, the number of cells on a single slide.

One-quarter of a minim of fluid is sufficient to form a film beneath a thin glass cover three-quarters of an inch in diameter.

W. H. passed, on an average, from forty to fifty fluidounces of urine per diem, yielding about four fluidounces of sediment.

$4 \times 4 \times 480 = 7680$ quarter minims of sediment, or sufficient to supply 7680 slides. $121{,}000 \times 7680 = 929{,}280{,}000$ for the number of cells discharged each twenty-four hours. This number multiplied by 365 gives as the number discharged in one year, 266,187,200,000!

$929{,}280{,}000 \div 24 = 38{,}720{,}000$, the number discharged for each hour. $38{,}720{,}000 \div 60 = 645{,}333$, the number discharged for each minute.

In counting the cells in a field, only such as were visible were counted. If all the blocks were three or four cells deep, as were some which by rotation displayed a lateral view, then the number actually present in the field would be three or four times as great as the number visible.

The mental condition of these patients is such that subjective symptoms are not available for throwing any light on the pathology of the affection. Objectively, however, these cases present some points of contrast from which negative inferences may be drawn.

In one, the decubitus as well as the manner of sitting and standing indicates vesical discomfort relieved by pressure; in the other, no such symptoms exist. In the latter, however, sensation is much obtunded by cerebral disease. In one, there is incontinence of urine; in the other, retention. The presence of the fungus, therefore, does not necessarily cause either, and probably has no connection with either, except as a coincidence.

The urine of one undergoes rapid change, becoming ammoniacal and fetid in three or four hours. Several specimens passed by the other were kept in a room at an average temperature of over 70° four or five weeks, without losing their acid reaction or presenting the slightest odor of putridity. Therefore the presence of the fungus does not necessarily either cause or prevent putrefactive change in the urine after it is voided.

The cases agree in the peculiar fermentative odor of the freshly-passed urine. I have not met with the report of any case of a similar fungus in the urine, and do not know whether this is a constant symptom or only a coincidence in these cases.

Both cases showed the constant presence together of octahedra of oxalate of lime with the fungous cells, which Dr. Tyson informs me has been observed in previous cases.

The cells themselves were singularly stable and unchanging in their appearance. Specimens of urine from both cases were kept for weeks and frequently examined, and in no instance was any change in their condition apparent, except a tendency to a breaking up of the larger groups. Possibly, as in the case of epithelial cells, they only escape from the body after a loss of their vitality. If so, their motion might have been deceptive in its character, not automatic, but due to currents in the film of urine produced by evaporation at the margin of the cover, or by other causes.

The organisms were soaked twenty-four hours in acetic acid of commercial strength without undergoing any apparent change. They were boiled actively in the same ten minutes, with a like negative result. Liquor potassæ, grs. xxx ad ℥i, both cold and boiling, failed to produce a perceptible effect. These organisms were not, however, absolutely indestructible, for when macerated for two weeks in the liquor potassæ they were disorganized, and the resulting débris appeared to be amorphous. They were also destroyed by the blow-pipe flame.

NOTE IN REGARD TO THE CONTENTS OF THE ARTICLE ON JABORANDI, IN LANGGARD'S "DICCIONARIO DE MEDICINA DOMESTICA."

BY FRANCIS V. GREENE, M.D., U.S.N.

ON the 20th of June last, Dr. A. Hutchins, President of the Medical Society of the County of Kings, New York, read a paper on jaborandi before the State Medical Society, which has since been published in the Proceedings of the Medical Society of the County of Kings (July, p. 136). At the bottom of the first page will be found the following note: "Jaborandi has been employed for a long time in South America, and received its first notice, under the various names of jabo-

randi, jaquarandy, jamquarandi, from Dr. T. J. H. Langgard, in his Diccionario de Medicina Domestica, Rio Janeiro, 1865." This sentence Dr. Hutchins found at the beginning of an article on jaborandi in the *Philadelphia Medical Times* of June 26, 1875, p. 616, and transferred verbatim (with the exception of changing the words "this drug" into "jaborandi") to his own paper without indicating in any way that it was not original.

As this second appearance of the above statement may have a tendency to lead many, who will be unable to refer to the work in question, to believe that it presents important information in regard to the Pilocarpus pennatifolius, I beg leave to state that it fails to do anything of the kind. I have not had the opportunity of consulting the edition of 1865; but as during the Centennial Exhibition, through the kindness of Dr. Da Motta, the Brazilian Commissioner in charge of the educational department, I was afforded every facility for examining and making extracts from that of 1873, and as it is not at all probable that anything of interest has been omitted in regard to jaborandi in this the latest edition, I present a translation of the article on this subject as it appears in Dr. Langgard's work of the last-mentioned date:

"Jaborandy, Jaguarandy, Jaborandi, Iamborandy, Iaguarandi, Ottonia anisum, Sprengl (*Serronia Jaborandi*, Guill.; *Piper Jaborandi*, Velloso; *Ottonia Jaborandi*, Kunth). Tetrandria tetragynia, L., Piperaceæ, Rich and Kunth.—A Brazilian shrub, with sarmentous, cylindrical, knotty, dichotomous branches, puberulent when young, glabrous when older, leaves alternate, inserted into the nodosities, oblong-oval, almost always acuminate, not quite equilateral, entire, scarcely undulate, and pinnately veined; flowers hermaphrodite, apetalous, disposed in aments or spikes of innumerable flowers, which finally, by the lengthening of the pedicels, become pseudo-racemes; they are opposite the leaves; the fruit a unilocular, monospermous, oval akene, with four deep grooves, encircled at the base by the remains of the filaments, and surmounted by the stigmas. The flowers, and principally the fruit, exhale a strong aromatic odor (De Lesert., Icon. Select. Plant., vol. iii. page 54, plate 90). When the root is chewed, it produces a sensation of rapid tremor in the tongue, and, in the lips principally, a feeling of warmth during expiration, and of cold on inspiring the air. An abundant flow of saliva takes place at the same time. The other plants, almost all of which belong to the Piperaceæ, whose roots possess organoleptic properties similar to the preceding, and which are called by the Indians *iaguarandy*, *ianguarandin*, etc., likewise *iandy*, *nhandy*, and *nhandu*, are the *Piper aduncum*, L., *P. nodulosum*, Link (*P. geniculatum*, W., *Enckia glaucescens*, Kth.), *P. unguiculatum*, Rand (*P. glaucescens*, Jacq.), *P. citrifolium*, Lam. (*P. rugosum*, Vahl), and others. The roots of all these plants are acrid and aromatic, stimulating to the lymphatic system, increase the flow of urine, and produce salivation. Internally, the roots are used in the same cases as the pariparoba, but in smaller doses, as they contain larger quantities of the acrid and stimulating principles. Externally, they are used, bruised, in cases of snake-bites; in the form of a tincture (one part of the root in eight of rectified alcohol), they are used for rubbing paralyzed limbs, and are recommended to be chewed to relieve toothache. The fruit or small aments of the *P. aduncum* and other plants have an acrid, spicy taste, possess digestive, incisive, attenuant, resolvent, and anti-odontalgic properties, and are specially used in blennorrhœas in the place of cubebs. The *Monnieria trifolia*, Lofl., a plant belonging to the Rutaceæ, which is cultivated in the provinces near the equator, possesses an aromatic root, and produces the same sensation in the mouth as jaborandy, and for this reason has been called jaborandy. It is likewise styled *alfavaca de cobra*, and is reputed to be diaphoretic, diuretic, expectorant, alexipharmic, and sialogogue. (Dr. de Martius.) The root is the part used." (Diccionario de Medicina Domestica é Popular, por Theodoro J. H. Langgard, Rio de Janeiro, 1873, tom. ii. p. 367.)

Such are the contents of the article on jaborandi in Dr. Langgard's work, an article replete with valuable information in regard to the Serronia anisum, instructive as concerns the other piperaceous plants to which the term jaborandi has been applied, and comprehensive in pointing out that a rutaceous plant, the three-leaved Monnieria, was known by the same appellation, but entirely silent as regards a member of the rue family with an impari-

pinnate leaf, possessing powerful diaphoretic and sialogogue properties, to which the generic term *jaborandi* had been applied.

I feel confident that Dr. Langgard has fallen into error in stating that the *Monnieria trifolia* is the *alfavaca de cobra*. Among the specimens of Brazilian medicinal plants kindly presented to me at the close of the Centennial Exhibition by the commissioners from Brazil, was a very fine specimen of the leaves of the Pilocarpus pennatifolius, labelled jaborandi, but designated botanically as the *Monnieria trifolia*. The confounding of the two plants in this manner, which I find is, or at least has been, commonly the case in Brazil, readily explains how it has happened that the term *alfavaca de cobra*, which properly belongs to the pilocarpus, has been incorrectly applied to the Monnieria.

A CASE OF HÆMATOMA OF THE ANTERIOR WALL OF THE VAGINA.

BY J. MONRO MURRAY, M.D.,
Resident Physician, Philadelphia Hospital.

MARY L., æt. 17; born in Philadelphia; occupation, female gymnast; was admitted to the wards of the Philadelphia Hospital, September 1, 1876.

She then gave the following history. While performing on a trapeze, on which she was swinging by her feet, she failed to catch a rope, and in consequence was precipitated a distance of thirty feet to the stage. She alighted on her feet, but was rendered unconscious by the shock for about ten minutes. On regaining her senses she suffered from great pain in the side, and noticed that her abdomen was considerably swollen. These symptoms abating, she was soon able to resume her occupation. One month after the fall, which occurred about the 1st of August, while using an injection, she noticed a round ball in her vagina. This did not give her much pain, except when she had sexual intercourse. She menstruated at thirteen years of age, and has never been regular since. Her menstrual flow is always scanty.

Upon admission to the hospital, the patient stated that she had been treated outside by a physician for anteversion of the uterus. At this time she complained of severe and continuous pain in the hypogastric region, with a sense of weight "as if her womb was going to drop out." She also had frequent desire for micturition, during and after which act she suffered considerable pain.

Upon a digital examination a round, pyriform swelling was found in the anterior wall of the vagina, which pressed up the cervix of the uterus so that it could not be felt by the exploring finger. After anæsthization a large Fergusson's speculum was introduced into the vagina, and the os was then found high up, freely movable, and pushed posteriorly by the tumor. The sound entered the uterus for two and one-quarter inches, and was slightly anteflexed. There were no peri-uterine adhesions, as was shown by the mobility of the fundus.

The speculum being withdrawn, in order to further define the tumor a catheter was introduced into the urethra, which was found to be greatly elongated. By pressing on the anterior wall with the finger in the vagina, the tumor was found to be one and one-half inches in thickness, and about two and one-half inches in length, and extending laterally one and one-half inches; pyriform in shape, with its base directed upward, beginning about two and one-half inches from the vulvar opening, and reaching above the junction of the cervix with the vagina.

A hypodermic needle being introduced into the tumor, a small quantity of blood escaped. The needle was then withdrawn and the largest-sized trocar of Dieulafoy's aspirator thrust into the swelling, and eight ounces of dark, uncoagulable blood were drawn off, causing a marked decrease in the size of the tumor. The patient was then given a half-grain of morphia, and the vagina was kept thoroughly cleansed by injections of carbolized water. She complained of no special pain except slight tenderness in the vagina, and made a rapid recovery.

The preceding case is certainly an interesting one. The rarity of the occurrence of this trouble is proved by the scanty references to it in works on gynæcology.

TRANSLATIONS.

LOCAL TREATMENT OF CHRONIC CATARRH OF THE BLADDER, AFFECTIONS OF THE URETHRA, ETC.—Schüller (*Centralbl. f. Chirurgie*, 1877, No. 22; from *Deutsche Med. Wochens.*) has found by experiments upon dogs that by artificially preventing the bladder from emptying itself the reaction of the urine is changed, and the initial symptoms of cystic catarrh are produced. Whether the change in reaction (neutral and alkaline) is due to the primary effect of accumulating bacteria, or to decomposition of the mucous and epithelial cells present, or to a ferment independent of either of these, the author leaves undecided. Schüller caused the retention of the urine by limiting the calibre of the urethra by

means of a carbolized ligature. No catheter was introduced at any time. As a rule, the urine, which was strongly acid before the experiment, became neutral, cloudy, and even alkaline, within two days after the stricture was made. As regards the therapeutics of chronic catarrh of the bladder, Schüller naturally bases the treatment upon the result of his experiments. In the first place, the bladder should be kept empty and thoroughly cleansed, either by means of the usual catheter, or by the use of a funnel with caoutchouc tube terminating in a conical canula of horn. S. uses a 1 to 1½ per cent. solution of carbolic acid, a 0.3 to 0.5 per cent. solution of salicylic acid, a 5 per. cent. solution of chloride of sodium, a 0.05 to 0.2 per cent. solution of permanganate of potassium, a 0.5 to 1 per cent. solution of nitrate of silver, or a 1 to 2 per cent. solution of chloride of zinc (of the last two 5 to 10 grammes may be thrown into the bladder after cleansing). Salicylic acid, given internally to the extent of 6–10–12 grammes daily continued for fourteen days, had no effect upon the alkaline reaction of the urine. As regards the differential indications for the local use of these various remedies, S. comes to the conclusion that carbolic acid and the permanganate of potassium are particularly indicated in catarrh of the bladder when there is considerable decomposition; while salicylic acid is most useful where there is profuse purulent catarrh. When a thick, tough, slimy, profuse precipitate exists, the chloride of sodium is demanded for cleansing purposes. In case of persistent profuse purulent secretion, Schüller advises the alternate use of 1 per cent. solution of nitrate of silver, or 2 per cent. solution of chloride of zinc, as most appropriate. In diphtheria of the bladder, stronger injections of carbolic acid are surprisingly effective. Schüller divides the various sorts of catarrh of the bladder as follows: 1, chronic catarrh, the result of stricture; 2, as a result of transmitted inflammation; 3. in hypertrophy of the prostate; 4, in paralysis of the bladder; 5, the chronic vesical catarrh of women. In very stubborn catarrh of the bladder (*e.g.*, that due to villous cancer), S. recommends continual drainage of this viscus,—a caoutchouc drainage-tube leading from the opening of puncture through the right or left ischiorectal fossa to open into the rectum near the anus. In bleeding from that part of the urethra which lies within the pelvis, particularly from the prostate, tamponning the rectal "pocket" is advisable, by which the urethra and prostate are compressed against the symphysis. The instrument of Stearns for dilating the urethra is that which is preferred by Schüller. In puncture of the bladder, Hueter, according to S., usually makes an incision above the symphysis pubis in the median line through the skin and subcutaneous adipose tissue, and then thrusts a Deschamps trocar through the opening thus made into the bladder. The above operation is particularly to be recommended in fat or œdematous persons. X.

Epileptic Attacks prevented by the Hypodermic Injection of Apomorphia. —E. Vallender (*Berliner Klin. Wochens.*, April 2, 1877, p. 185) has employed apomorphia in the following cases with favorable results. A young country girl, 20 years of age, was suddenly attacked by epilepsy, which soon became so severe that the invasions followed each other almost continuously, day and night, for weeks at a time. Sometimes ten to fifteen occurred in twenty-four hours. The aura which always preceded the attacks consisted in a feeling of heat in the gastric region, with considerable pain. The feeling spread to other portions of the body, the attack coming on after a few minutes, with cries, loss of consciousness, and clonic spasms. When the patient came under Dr. V.'s care a hypodermic injection of apomorphia solution (containing four milligrammes—one-sixteenth grain—of the alkaloid) was administered at the beginning of the aura, which checked the attack so far that simply syncope ensued. Subsequently two milligrammes only of apomorphia were injected, in order to avoid the production of vomiting. In a few weeks the number of the attacks was greatly diminished, as well as their severity. When the administration of the apomorphia was suspended, however, the attacks recurred. Finally, after some months' treatment, the patient was discharged, not having had an attack for eight weeks. Several other patients were treated by Dr. Vallender in a similar manner with equal success, and he feels great confidence in the efficacy of the remedy. The fact that the aura in the case mentioned began in the gastric region would

seem to point to implication of the vagus, and would account, perhaps, for the especially good effect of apomorphia. In other cases, however, where the aura had its origin in other localities, apomorphia worked equally well. One thing is requisite in the use of this remedy, and that is prompt application when the aura is first felt. When for any reason the hypodermic injection cannot be promptly made, or when the aura comes too close to the attack to give time for the injection, of course this treatment cannot be expected to succeed. x.

Influence of Drinking-Water on the Biliary Secretion.—I. Zawilski (*Centralbl. f. Chir.*, 1867, No. 21) has undertaken certain experiments with the view of ascertaining what effect taking water into the stomach has upon the secretion of bile. He placed glass canulæ in the ductus choledochus of rabbits, closed the intestine, sewed the canula in the abdominal wound, and either collected the bile secreted drop by drop in vessels, in order to estimate the entire amount of bilious fluid in a certain interval, together with its dry residue and the amount of its constituents, organic and inorganic, or he allowed the bile to collect in a vertical glass tube, in order to measure the force of its secretion. Researches were instituted upon animals simply tied, in comparison with those in whom a wound had been made in the œsophagus, through which, by means of a catheter, ordinary water, carbonic acid, oxygen, or ozonized water, in small quantities, were introduced. Z.'s results were as follows:

1. In animals who have fasted for fifteen hours a decided diminution in the secretion of bile is noticeable. At the same time the percentage of fixed substances diminishes, the bile being more watery.

2. Water, when absorbed from the stomach, increases immediately the secretion of bile, while at the same time the quantity of solids is augmented; that is, a larger quantity of concentrated bile is poured out. The amount of gas contained in the water is a matter of indifference, provided the gases do not distend the stomach and thus act mechanically as a hindrance to the exit of the bile. The secretion of bile is so much the more abundant the longer the water is supplied. Frequent and small amounts of water exercise the most favorable influence upon the biliary secretion. By the administration of water not only is the quantity of bile increased, but the pressure under which it is secreted is rendered greater, so that obstacles which under ordinary circumstances would hinder the flow of this fluid are overcome. x.

Muscles of the Cutaneous Glands.—Hesse (*Centralbl. f. Med.*, 1877, p. 186; from *Zeitschr. f. Anat. u. Entwickl.*) states that the musculus arrector pili forms a flat, concave, looped muscular band, rises from three or four hair-follicles by the same number of roots, to end again in several processes. Its principal effect in contraction is as an *expressor sebi*. In the axillary glands the muscle-cells are occasionally observed to lie between the epithelium of the gland and a strongly refractive homogeneous layer which divides the gland wall from the connective tissue, and which may be regarded as a membrana propria. On the adult scalp the formation of new hairs and sebaceous glands results exactly in the same manner as in the embryo, by solid epithelial processes rising from the lower layers of the rete, without connection with the root-sheath of an old hair. x.

Acute Poisoning by Salicylate of Sodium.—F. Petersen (*Centralbl. f. Med.*, 1877, p. 336; from *Deutsch. Med. Wochens.*) observed the following case. A patient who had taken by mistake twenty-two grammes (5½ drachms) of salicylate of sodium within six hours showed symptoms of poisoning as follows. In addition to severe headache, tinnitus aurium, dimness of vision, profuse perspiration, etc., decided disturbance of the sensorium was observed, with painful hallucinations, mydriasis, and strabismus divergens, hoarseness, and thickness of speech, many words not being expressed. After several days the symptoms subsided, but returned again, though in a less marked degree, and transitorily, after the injection subcutaneously of only 0.02 grm. (⅓ gr.) of salicylic acid. x.

Fistula Ani in Tuberculous Persons.—Gosselin (*Centralbl. f. Chir.*, 1877, p. 348; from *Gaz. des Hôp.*) is of the opinion that in emaciated phthisical patients only a certain variety of anal fistulæ should be operated upon, those distinguished by their extreme painfulness, and which are usually very short and surrounded by callosities. Frequently hemorrhoidal tumors are the seat of pain which is ascribed by the patient to the fistula. x.

PHILADELPHIA
MEDICAL TIMES.

PHILADELPHIA, AUGUST 18, 1877.

EDITORIAL.

MEDICAL LEGISLATION.

THE subject of medical education has been so often discussed that it seems almost useless to consider it further. The only hope of improvement is, however, to be found in a relentless reiteration which may finally wear away the rocky obstructions of self-interest, excessive conservatism, and indifference. Moreover, there are some things yet to be said connectedly in regard to the remedies for the existing state of affairs. Of the various proposed remedies, only two seem to possess value. These are the endowment of medical colleges and the appointment of governmental examining boards.

Medical schools ought to be endowed, and no doubt would have been so if they had originally been put upon the same footing as other higher institutions of learning; but as they were constituted marts for the selling of the right to practise an honorable and lucrative profession, it is not strange that philanthropy has owned no kinship in them. If we alter the character of medical schools and make the public understand what such institutions should be, and that they are incapable of self-support if properly conducted, without doubt the famed liberality of American men of wealth will assert itself, and endowments will flow into the more noted institutions. Unfortunately, however, even if this were to happen, the present evil would not be destroyed. Endowment is not a specific cure: it is at most only a palliative.

New charters for medical schools can be obtained from our various Legislatures with the utmost ease. Moreover, fifty millions of dollars would not fully endow the chartered medical colleges now existing in the United States; whilst five millions would properly support all of those really demanded by the interests of the country.

Let private liberality be what it may, it is plain that under the existing system there will always be a residuum of medical colleges which will pander to the ὁι πολλοι and sell the right to poison and slay at the lowest possible price, in time, labor, and money.

The correction of the existing state of affairs by legal enactment has been very widely discussed, and in some States has passed from the stage of discussion to that of experimentation. The sum of all that has been written seems to show that there are difficulties in the way of legislation which can only be tested by trial, but that the possible cure for the present evils lies solely in such legislation, or, in other words, the conclusion of the whole matter is, if the difficulties in the way of legal regulations prove insuperable, the problem belongs to the same class as squaring the circle, and it is a waste of time even to discuss its solution.

Individual schools may advance their own standards; but, so far as concerns the general medical public, we must try legislation or let the matter drift; and, as no permanent harm can come from the trial, it is the part of wisdom not to throw obstacles in the way of such legislation. The attempt should be made to guide, not to obstruct, the enactment of laws.

It is, however, necessary to study carefully the objections that have been or may plausibly be raised; forewarned, forearmed; and it is possible that by a wise framing of the acts the anticipated troubles may be avoided.

All the objections brought forward have their origin in one of three sources:

1. The multiplicity of our States. 2. The so-called sects of medicine. 3. The tendency of American politicians to take

control of and debauch everything that comes within their power.

Let us examine these in order.

In the early stages of legislation much inconvenience will probably arise out of the relations of States. Suppose, for instance, that New Jersey had a State law and Pennsylvania had none, or that both States having a law no recognition of the laws of other States was included in either. A Philadelphia physician of middle age, wishing to settle on the other side of the Delaware, might be forced to pass an examination before a board of his juniors; or, what is more serious, an eminent surgeon or physician called in consultation from Philadelphia to Camden, *i.e.*, from one State to another, might find legal difficulties in his way. Such inconveniences as these might, however, be readily prevented by the insertion of a clause allowing consultations with physicians of other States without registration or licensing, and permitting examining boards to grant licenses to those who had passed the boards of other States, or who had been ten years in practice in other States.

Many, if not all, of the inconveniences of the class now under consideration would be prevented by a uniformity of law throughout the States, and a general recognition by law of the laws of other States.

Such a conception is no Utopia. It is entirely within our reach.

Let the American Medical Association draft, through a committee, a well-considered bill, and let the securing of its passage by the various Legislatures be urgently recommended to the State societies, and all future legislation will probably be guided by it.

To sum up: The difficulties to legislation arising out of the multiplicity of States are to be overcome by a uniformity of law,—the model to be prepared under the auspices of the American Medical Association.

It is much more difficult to overcome the obstacles which arise out of the existence of the so-called sects of medicine. The difficulties are, however, intrinsic to our own profession, and are really founded chiefly upon matters of sentiment, so that all that is needed is to bring about a unanimity of feeling in the profession itself.

The practical legislator rarely troubles himself about what ought to be: he deals with what is. The regular profession of medicine cleaves to what ought to be, and even refuses to see what is. It is very loath to recognize the existence of homœopathy and other irregular schools of medicine, although it daily feels their presence in what is usually considered the most sensitive organ of the human microcosm, namely, the pocket.

It is not necessary here to denounce the folly and fraud of the outlying methods of practice and of their votaries. Still, these pests do exist, and the recognition of such existence is not incompatible with an unswerving testimony as to the character of such methods and such practitioners. If the exigencies of travel should force a man to ride in the same car or sit at the same table-d'hôte, or perhaps sleep in the same bed, with a thief, a forger, or a murderer, must he go back to his family a thief, forger, or manslayer?

It is perfectly conceivable, nay, in Canada it exists as a reality, that a body of the regular profession may meet upon a public board with homœopaths or eclectics, and yet, when off duty, refuse to have social or scientific intercourse with them or to recognize them as other than blinded, or in most cases dishonest, followers of a false prophet. Indeed, outside of Canada, in these United States, in legislative halls, in school boards, in managements of various institutions, regular and irregular physicians co-exist.

These do not seem to be objections so grave as to be *prima facie* cause of rejecting a law which should require the regular and irregular physicians of every county, senatorial district, or State, as might be deemed

wisest, to elect a council which should appoint examiners in proportion to the numbers of the various so-called sects of medicine.

A similar plan has, in Canada, greatly repressed quackery. The contrary to this has been asserted, but it seems to be a mistake. The Canadian medical press is unanimous in its report, and during the Centennial the editor of the *Times* made very extensive and thorough inquiry among the numerous Canadian representatives of the profession who visited Philadelphia. All agreed that the number of applicants presenting themselves before the mixed board who choose homœopathy is a vanishing quantity. So true is this that the homœopaths themselves have more than once endeavored to have the law abrogated, and the old enactment, which gave separate boards to regulars and homœopaths, revived.

It is, however, by no means certain that a law of this character would be the best for the profession. The probable good and evil results which would come from it deserve most careful thought: all that is claimed for it here is that it is worthy of consideration before rejection. In the present temper of the profession, it is hardly probable that even this will be granted; and fortunately there are two other ways of overcoming the difficulty. The simplest plan is for the law to provide separate registration and separate examining boards for each so-called sect. The licensing board should, under these circumstances, give a diploma in English, setting forth to which body the possessor belonged, and the law should further require the diploma to be conspicuously hung up in the office.

The examination by the eclectic and homœopathic boards might become as much of a farce as is the examination of our medical schools; but the regular profession would not be responsible for this; a clear and sharp line would be drawn between the regular and irregular physicians, and a great blow dealt to the class of hermaphroditic practitioners that are, like sexual monstrosities, neither one nor the other thing, but only hideous and disgusting. Another, and possibly the best, plan would be to have a board composed of six members, who should examine respectively upon medical chemistry, physiology, anatomy, mechanical and physiological obstetrics, medical pathology, and surgical pathology. In this way all therapeutic questions would be avoided. At the same time the result aimed at would be achieved; for it is highly improbable that a man thoroughly grounded in the branches enumerated would not spontaneously study up therapeutics. The exigencies of medical life would keep up a never-relaxing pressure, too steady and too strong not to be yielded to.

Again, if it were deemed best, it would be feasible to supplement this board by others, representing the various so-called sects of medicine, which should examine upon therapeutics the candidate appearing before his choice of them, being registered accordingly, and exposing in his office a license, printed in English, stating to which medical sect he belonged.

The third commonly urged objection to legislation concerning the profession is the danger of political appointments and management. This is a real danger, but fortunately is readily guarded against. It has been suggested that the appointments should be made by the district judges. The profession should, however, keep the selection of examiners in its own hands. The law may be made to require that the members of the boards be chosen by a council elected by the registered physicians of the district or State, or that they be appointed directly or indirectly by the medical societies. In either case professors in medical schools should be legally ineligible for positions upon the examining boards, not because they are unfit for such positions, but for the same reason that "Cæsar's wife

should be above suspicion," and to remove possible temptation. It ought not to be in the power of slander to say, Such and such a medical school has a large number of its professors upon the State examining board and favors its own graduates. It ought not to be possible for any evil-disposed medical institution to "capture" or to have undue influence in the board.

On the whole, it does seem that there is no inherent and insuperable obstacle in the way of medical legislation except such as comes from the medical profession itself. It is argued that we have the worst government in the world, and that it is impossible to get good laws well enforced; but we do not think that such is really our condition. Life and property are as safe and justice is as well administered here as anywhere else in the world, and undoubtedly with time minor matters will follow. The real difficulty in the case seems to lie partly in the supineness of the profession, but chiefly in the vested school interests, which would suffer in the diminution of students that would undoubtedly follow proper legislation. Hence it is in the newer, not the older, States, where no such interests are as yet powerful, that the experiment will be made; perhaps not in States absolutely new, but in those which are coming up in a renewed youth of poverty, and its outgrowth of vigor, from the furnaces and destructions of civil war.

CORRESPONDENCE.

NEW YORK, August 4, 1877.

TO THE EDITOR OF THE PHILA. MEDICAL TIMES:

DEAR SIR: At this dull midsummer period there is, of course, absolutely nothing going on at the medical societies or colleges, but, somehow or other, people have a way of getting sick, and occasionally dying, all the same, "whether school keeps or not."

By way of winding up its affairs for the summer, the Medico-Legal Society had a very pleasant reunion, which was attended by quite a number of distinguished men of both professions, and at which the venerable Dr. Isaac Ray, of Philadelphia, read, by invitation, a paper on "*Testamentary Capacity.*" At the commencement of it he referred to the differences of opinion which have so long existed between medical and legal authorities, and which still continue to a certain extent, as to what constitutes unsoundness of mind,—the former generally including in their definitions all the circumstances of the case, physical as well as mental, while the latter are apt to overlook the first altogether and concern themselves only about the last. Lord Coke, he went on to say, was the first who made any effort at classifying the various sorts of persons who, in technical phrase, are *non compos mentis* under the English common law, and his crude attempt still in a measure influences both English and American jurisprudence. Idiots, lunatics, persons overcome by grief or old age, and imbeciles, are there mentioned as those unfit to make a will, and the description of each class is always faulty, and often ridiculous as well.

So far as the first class was concerned, Dr. Ray thought there could be no question as to their incapacity; about the second, trouble arises when we come to persons who, although well enough described as lunatics generally, yet have "lucid intervals," wherein they can, under the ruling of the courts, make a valid disposition of their property. He had no fault to find with the legal rule that when a person of this character wills his property in a "natural" manner the presumption was that he made the will in such a lucid interval; but he did object to their attempting at the same time to prove not only competence for the particular business referred to, but also a rational state of mind on every other subject.

The third class, he believed, furnished more contested wills than all the others together, for the reason that old age and great sorrows have a certain very marked enfeebling effect upon the mind, which is taken advantage of by interested persons.

The only mental function required in making a will, it seemed to him (when the individual is left free to act for himself), was memory; and he did not think that absent-mindedness should be of any legal consequence in this connection. The old gentleman who constantly hunts for his spectacles, or goes up the middle aisle of the church on Sunday with his umbrella spread over his head, would be pretty sure to remember everything necessary if he set himself to thinking about the distribution of his property. If he remembered its amount and those who had natural claims on him, that was all the law should ask.

Making a will, however, he considered not altogether an exercise of reason. A man's emotions, feelings, passions, prejudices even, may dictate its provisions, and the law should not exclude them. All that it ought to do was to see that they did not influence the testator so far as to shut out reason altogether. He thoroughly approved the decision of the Massachusetts Supreme Court, not long ago,

when it affirmed the validity of a will drawn by an old man who, after having made it in calm moments, in a fit of anger erased his name therefrom by a scratch of his pen.

As to the fourth class, imbeciles, he thought it was exceedingly difficult to describe them. The only standard of mental capacity, set up by lawyers for their own benefit, and a very crude one at that,—that to be competent to make a will a person must be competent to make a contract,—had been almost abandoned, and it was left to be proven in each individual case whether the testator had sufficient intelligence for the purpose.

Dr. Ray then suggested that a fifth class should be added to the four of Coke, namely, those who are only partially insane, or monomaniacs. The best rule he believed to be that which, so far as he knew, was now generally accepted as the law, and which was first judicially laid down by Chief-Justice Nichols in the English Chancery Court in 1828, when a well-known physician left a will leaving nearly all his property to his nephew, to the exclusion of an only daughter. It was shown at the trial that, although a good enough man in every other respect, and perfectly rational at all times, he had a violent dislike for his daughter, who, according to all the testimony, was a meek, dutiful girl, and that when she was still very young he on one occasion went so far as to remove all her clothing, tie her to a bed-post, beat her with a rawhide, and then wash the wounds with brine. The court, on these facts, decided that the man was not in a sound condition of mind when he excluded this girl, his next of kin, from a share in his property. The same principle was enunciated in the decision of Chief-Justice Cockburn in 1870, when a wealthy unmarried woman imagined herself as bound to give birth to a new Saviour of the world, got her lawyer to fit up a magnificent house for her in London, gave a man by the name of Smith full control over her property, and made him her principal heir in her will, as being the natural guardian of the wonderful child that was never born. The ruling in this case was that the woman, although in all other respects of sound mind, was not on this subject.

At the conclusion of the address a vote of thanks was tendered Dr. Ray by the Society, and then a public reception was given in his honor by the president, Prof. Frank H. Hamilton, at his house in Thirty-Second Street, where a large number of guests passed a pleasant hour in social intercourse and partook of the doctor's generous hospitality.

In dismissing the subject of "testamentary capacity," it may perhaps prove of interest to glance for a few moments at a case, involving many important points in insanity and medical jurisprudence, which has previously attracted, and is now again attracting, a good deal of attention here. It will no doubt be remembered that, in 1873, Frank Walworth, a grandson of the distinguished and venerated chancellor of the same name, was condemned to imprisonment for life for murder in the second degree, in the shooting of his father, Mansfield Tracy Walworth, a well-known literary character. On the 1st of August, Governor Robinson granted him a pardon, and at the same time gave to the public an elaborate statement of his reasons for so doing, of which the following are some of the main points.

After some discussion of the scope of the pardoning power, it goes on to say that the application of young Walworth for a pardon was presented to Governor Tilden, but the only action taken by him upon it was to appoint a commission, consisting of Dr. John P. Gray, Superintendent of the Utica Insane Asylum, and Judge Wm. J. Bacon, of Utica, to examine and report upon the past and present mental condition of the prisoner. Their report was made some months since, with great clearness and precision, and now Governor Robinson says, "After the careful perusal of every word of the voluminous mass of evidence, exhibits, letters, and papers, which make up the melancholy record of the tragedy for which he was convicted, and the most earnest reflection, I can reach no other conclusion than that, while upon the evidence given at the trial his conviction was technically proper, he is morally entitled to his release." "The beginning of the tragedy," he continues, "lay far back of aught that is known by the public. The prisoner, as a boy of nine or ten years, was a quiet, well-behaved child, marked mainly then, as now, by an affectionate devotion to his mother, but about that time he became afflicted with epilepsy in its worst form. Of his father, it is now only charitable to believe that he was unsound in mind. For years he had devoted his life to a systematic course of threats and abuse towards his wife, which for malignity, bitterness, and brutality are fortunately seldom equalled. This conduct, long concealed from the knowledge of the son, was at last discovered by him upon entering a room while his father was in the very act of striking his mother. The son at once interfered to protect his mother, and from that moment shared with her the insane hatred of the father. . . . At last this era of passion ended, as was not unnatural, in a tragedy. At Walworth's trial the jury found by their verdict that this murder was neither premeditated nor deliberate. In that finding I fully concur. The act must, then, have been the result of sudden mental impression or condition; and it seems to me that it may well be regarded as a natural result of the continuing impression upon the prisoner's enfeebled intellect that his father was in desire and interest his murderer, and needed only the opportunity to become such in deed. The meeting of the two cannot be better expressed than in the words of the venerable William Cullen Bryant, who, in his

letter asking a pardon for young Walworth, laconically says, 'If a jury were now to pass upon the evidence in the case, I think they would acquit the accused. The meeting between the father and the son would be regarded as an encounter between two insane persons, in which one of them was slain.' The present mental condition of the prisoner, while it furnishes no ground for his pardon, yet renders the question of his further detention simply one of public morals. Imprisonment has done its full work, and the measure of his capability to suffer from it is ended. I am informed by the highest medical authority, as well as by the commission appointed by my predecessor, that his further detention will result in complete idiocy."

At the last meeting of the Academy of Medicine, before adjourning for the season, Dr. J. Lewis Smith read the history of a case of *chorea* occurring in a young child, with a report of the autopsy and morbid anatomy of the same. The patient was an inmate of the Foundling Asylum, where he had been brought soon after birth; though during a portion of his life he was boarded out in a family in the city. Several times during the first two years of his life he was affected with what seemed to be intermittent fever, as the symptoms yielded readily to quinine; and once he had a conjunctivitis, which lasted about two months. When about two years of age, he was attacked, without any apparent cause, with a very severe form of chorea, the disease affecting both the upper and lower extremities, as well as the eyes and facial muscles, and rendering it impossible for him to walk. During sleep the choreic movements ceased. From the use of Fowler's solution in five-drop doses three times a day, there was marked improvement, so that the child was enabled to walk, though with an uncertain gait. In three-drop doses, which were at first given, the medicine seemed to have no effect. When two years and five months old, the patient died from a fit of suffocation incident to a sudden attack of laryngo-tracheo-bronchitis.

At the autopsy there were well-marked evidences of acute inflammatory action in all the air-passages, and some congestion of the lower and posterior portions of the lungs. The entire brain and spinal cord, as well as the heart, were sent to Prof. Francis Delafield for examination, and he found in the latter an atheromatous condition of the aortic valves, thickening and insufficiency of the mitral valves, and some thickening of the endocardium in the left ventricle. The cerebro-spinal axis was entirely normal, except that the vessels of the brain were so full of blood as to make them appear as if injected, and the disease could not therefore have been due to embolism, sclerosis, or softening of the gray matter, as is claimed variously by different authorities. The most remarkable point about the case was the early age at which the disease made its appearance.

After completing its history, Dr. Smith read some statistics in regard to chorea occurring in the Children's Department of the Bureau of Surgical and Medical Relief at Bellevue Hospital for Out-Door Poor. The deductions from them corroborated the observations made by others; but nothing new was developed in regard to the disease. Out of some 16,000 cases treated during two years and three months, there were 82 cases of chorea, or 1 in 207. According to Hillier, the number was 1 to 321 in the out-patients of the Children's Hospital in London. The age of the youngest patient was three years, and, as noticed by all authorities, the disease occurred most frequently between the ages of five and ten. There were about the usual proportion of cases in which rheumatism had been noted and in which fright seemed to be the exciting cause; and, as is ordinarily the case, the female outnumbered the male patients by almost two to one. In regard to rheumatism as a cause of chorea, Dr. Smith remarked that some authorities held that it was not the rheumatism itself, but the rheumatic diathesis, which bore a causative relation to the disease; and in apparent support of this view he mentioned several cases in which the children themselves had never had rheumatism, while their parents were subject to it, and some in which chorea made its appearance first, and afterwards they were attacked with rheumatism. He related a number of instances in which fright was the exciting cause, and stated as a curious fact in this connection that he had known cyanosis to be suddenly brought on by fright in children who, on account of the condition of the heart, had been previously liable to it, but in whom the blue discoloration had never before made its appearance. Lastly, as to treatment, he said that he believed that physicians were gradually acquiring more and more confidence in arsenic as a curative agent, especially if given along with iron in appropriate cases; since it ought not to be forgotten that anæmia is one of the most frequent of the predisposing causes of chorea. I find that in narrating Dr. Smith's case I have neglected to mention that, on adding an equal quantity of nitric acid to some of the urine, and allowing it to stand, there was a deposit of crystals of nitrate of urea amounting to about half the bulk of the urine; which goes to confirm the statements of other observers, that in choreic patients there is an abnormal amount of urea eliminated, on account of the severe and constant strain upon the muscular system.

At a recent meeting of the Obstetrical Section of the Academy, a physician related the case of a lady who imagined herself pregnant and to have passed the proper time of her confinement. Under the circumstances she consulted a number of physicians, and they all

told her that there was not the slightest cause for uneasiness, as she was not pregnant at all. Not being satisfied, however, she went to another well-known M.D., who informed her that the other gentlemen were mistaken,—that she really was pregnant, and that if she would give her consent he would come around to her residence on the following day and take away the child. To this arrangement she readily assented, and at the appointed hour the medical man appeared at the house, carrying with him a very mysterious-looking basket. After a considerable time had been spent in various manipulations, a splendid infant was produced from under the bed-covering and presented to the would-be mother as her offspring. But the lady had been through childbirth once or twice before, and had too vivid a recollection of the experiences of that pleasing little function of the female economy to be deceived on this occasion, and indignantly drove the accoucheur from the house as a wretched impostor and unmitigated fraud. Who the "well-known M.D." was, or what his standing in the profession, did not transpire.

About the middle of July the Board of Health received the long-expected appropriation of five thousand dollars from the Board of Apportionment, and immediately proceeded to organize an extra corps of physicians for house-to-house visitation in the tenement districts, in accordance with the plan adopted last year. It had been the purpose of the Health Board to do this the first of the month, but it was not until the rapidly-increasing weekly mortality among the children of the poor began to grow alarming that the necessary appropriation was forthcoming. Before this was received, the vaccinating corps under Dr. Taylor had done what they could to relieve the suffering among the children after the warm weather set in, and during the week preceding the appointment of the physicians above spoken of, 143 patients were prescribed for and 146 tickets for the floating hospital distributed by them. In the selection of the medical inspectors for temporary service it was directed by the board that a preference should be given to those who served last year, or who had had unusual experience in treating the diseases of children. The effect of the work of this extra corps of inspectors is already evident in the diminished mortality among the tenement population, and no doubt one of the chief ways in which this has been accomplished has been the arrest of diarrhœal disease in its early stage in cases where the mothers would not have thought of seeking medical advice until it had advanced so far that there would be but little hope of saving the life of the little patient. During the week ending July 7 there were 673 deaths, an increase of 104 over the preceding week, and during that ending July 14 there were 831 deaths, an increase of 158 over the preceding week. The greater part of this mortality was in houses containing four families and over, and among children under five years of age. During the week ending July 21 the extra inspectors were appointed, and the mortality decreased to 756, which is considerably below the average for the corresponding week of the past five years. The number of deaths reported during the week ending July 28 was 717. At the last meeting of the Board of Health the register of vital statistics reported that the deaths of children under five years of age and of persons suffering from diarrhœal diseases showed a further decline during the week, the mortality of the former being 67 and the latter 63 less than the mortality for the previous week, notwithstanding that the mean temperature was 2.3° Fahr. higher. It was noticeable that in the wards containing a small area and large tenement population the death-rate was much higher than in those containing a larger area and smaller population. Of the total number of deaths reported for the week, 106 were in institutions and 396 in tenement houses. There were 3281 deaths, 213 still-births, and 2173 births during the month of July, 1877, against 4172 deaths, 190 still-births, and 1986 births reported during the corresponding month of 1876.

Prof. John T. Darby, of the University, has been appointed attending surgeon to Bellevue and Mount Sinai Hospitals.

The death of Dr. Alpheus B. Crosby, Professor of Surgery at Dartmouth, and Professor of Anatomy at Bellevue Hospital, New York, is just announced as having occurred at Hanover, New Hampshire, August 9, after two days' illness. No particulars are at hand.

P. Brynberg Porter.

PROCEEDINGS OF SOCIETIES.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

Thursday Evening, April 26, 1877.

The President, Dr. H. Lenox Hodge, in the chair.

Cystic degeneration of the kidneys. By Dr. Wm. Pepper.

THE specimens were taken from a seaman, aged 27, of healthy parentage, who was admitted to the University Hospital, March 27, 1877. Until thirty days before admission, he had never been ill, but for the past month he has been failing, being without appetite and growing steadily weaker, until five days before he entered the hospital, when he was compelled to give up work and go to bed. On admission, he appeared thin and anæmic, and complained only of general weakness and loss of appetite. His pulse was 120, respirations 26. He was ordered a milk diet and grs. x. of

pulv. ipecac. comp. During the night he vomited half a pint of yellow flaky matter, and had four evacuations from his bowels.

On the next day he seemed better, but in the afternoon vomiting returned, there was slight twitching of his hands, and, later, slight stupor supervened.

On the 29th the stupor increased, and there was vomiting, rapid breathing and pulse. By the 30th, stupor was complete, pupils dilated, heart irregular and excited; he vomited at 3 P.M. In the evening, an involuntary evacuation of the bowels took place, stupor deepened, and temperature for the first time rose to $100\frac{2}{5}°$. The temperature was noted hourly after 7 P.M., and reached 102° at 10 P.M., after which it fell to between 95° and 96°, and continued until he died at 12.20 A.M. of the 31st.

The urine was examined once before death and found to be slightly albuminous, but no examination by the microscope was made.

Post-mortem Examination.— Thorax. There were slight adhesions, but the lungs were healthy. There was slight concentric hypertrophy of the left ventricle. *Abdomen.* The abdominal organs were normal, except the kidneys, which are exhibited. They are enormously enlarged, and presented complete cystic degeneration.

Examination of urine removed from the bladder at the *post-mortem* by Dr. Tyson. It was evidently, but not highly, albuminous, sp. gr. 1016, and secondarily alkaline. *Microscopically* were found numerous leucocytes, crystals of triple phosphate, *fragments of uriniferous tubules*, together with partial and even entire Malpighian bodies, some of these with a considerable portion of uriniferous tubule attached.

Dr. JAMES TYSON said that this was the second instance in which he had found fragments of the tubular structure of the kidney in the urine. The third and only other case in which he knew them to be found, he thought, was referred to by Dr. Beale in one of his works.

Dr. CARL SEILER remarked that the case illustrated the importance of a microscopical as well as a chemical examination of the urine in every case. He also remembered the case referred to by Dr. Beale.

Cerebral abscess and dilated bronchi. By Dr. J. H. HUTCHINSON.

(See original communication in current number of the *Times*.)

Dr. WM. PEPPER said the case was an exceedingly interesting one, while its origin was, it appears, involved in obscurity. Were it not for the extreme degree of bronchial dilatation, which indicates pulmonary disease of long standing, he would be inclined to suspect, from the lesions of the pulmonary tissue proper, that they were secondary to the cerebral disease rather than antedating it. The absence of softening of tissue, the absence of granulation, and the character of the fluid exuded, are conditions which are suggestive of those quasi-consolidations which we meet in long-standing pneumogastric irritation which we not unfrequently see come on after old organic lesions of the brain. But the physical signs appear from the very earliest date to have indicated bronchial dilatation, with surrounding hardening of the lung. It is much to be regretted that the patient's history was not obtained, as there was no history of serious lung trouble, but slight cough and expectoration, whereas very soon after the first examination there was evidence of extensive dulness over the posterior part of the chest.

With regard to the relation between pulmonary disease and brain trouble, while he had seen abscess of the brain attending affections of the lung, it was always where suppurative or caseous disease had been going on in the lung-structure itself and not in the bronchi.

The cases quoted by Dr. Hutchinson show that the latter connection has been observed; but it is undoubtedly very rare.

Dr. HARRISON ALLEN was struck with the fact that at the *post-mortem* examination so much pus was found in localities where we would not expect it. In view of this, it occurred to him that it was better to make examinations of the brain before taking it out of the brain-case, after removal of the skull-cap, to cut down laterally to the ventricles and withdraw the serum by means of a long-nosed syringe. He thought that the method of examination as ordinarily practised must give rise to many erroneous reports of the results of such examinations.

Dr. HUTCHINSON said that although not unaware of the relation occasionally existing between abscess of the brain and purulent collections in the lungs, he was ignorant, until the occurrence of this case had led him to make some researches into the literature of the subject, of the connection between the former condition and dilatation of the bronchi. He thought a point of considerable interest in the case was the improvement which had taken place under the use of large doses of iodide of potassium, and which had been so marked as fully to confirm him in his opinion that the case was one of syphilitic disease of the brain. The rigidity of the neck and the paralysis of the face passed away, but after three or four days returned; this time, however, affecting the muscles of the right side of the neck. He was at a loss to account for this, because the lymph at the base of the brain was deposited equally over the two sides.

Another point of interest was the absence of anæsthesia at any time in the history of the case; the patient always giving evidence of feeling pain when pricked with a pin.

Aneurism of aorta. By Dr. JOHN M. KEATING.

The specimens which I present to the Society this evening were removed last week from the body of an Italian, aged about 45, who died suddenly a few hours after admission to the Philadelphia Hospital. He stated that he was subject to paroxysms of asthma, with a feeling of compression at the sternal notch, which accompanied palpitations of the heart and had been attributed to "heart disease."

The area of cardiac dulness was said to have been greatly increased, with extended and more pronounced apex-beat, and at the same time a murmur of suffused mitral regurgitation was noted. The man died quite suddenly, and I had no chance of examining him before the autopsy.

Autopsy.—The body was well nourished, of great muscular power, showing, though no history had been obtained, that his occupation had not been a sedentary one. On uncovering the sternum, the pericardial sac was filled with serous contents, the membrane itself presenting no evidence of any inflammatory trouble.

There was also hydrothorax, the amount of contained fluid being very great, equal on both sides, free from shreds, and but slightly tinged with blood.

The lungs were gorged with venous blood, but were otherwise healthy. The heart itself was much hypertrophied, being about one-half again its normal size. The cavities were filled with dark, soft clots. There was no valvular disease whatever.

Almost at its point of departure, the aorta presented an appearance of atheroma in many patches; these were small, and many were only made evident by grating the knife as it was rubbed edgewise along its surface. Just above the valvular attachment on the posterior surface of the aorta was an opening about *one-half inch* in diameter, with smooth, firm edges, somewhat oval in shape, communicating with an aneurism, the cavity of which, when emptied of clots, was about two inches in diameter. The tumor, when filled, must have pressed directly on the left auricle.

A short distance above this was another opening, with an oval, serrated edge, communicating with an aneurismal sac of much larger size. This was found to be the size of a small fœtal head at full term. It pressed directly upon the trachea at and above its bifurcation, and extended to the right and somewhat behind the trachea. The walls were thick and elastic; no rupture of either sac had taken place.

The peculiar interest attached to this case was involved in the question of the immediate cause of death, which occurred very suddenly. This fact alone would point to the pressure on the pneumogastric and its branches, and sudden interference with the heart's action. Nevertheless, there are many points in the *post-mortem* appearances which lead us to consider the obstruction to the entrance of air, either in the larynx or trachea, as the cause of death.

We find, upon dissection, the complete involvement of the nerves on the right side of the trachea, in consequence of which we naturally presume there must have been pressure, with its results.

The cyanotic condition of the lungs shows that aeration was totally interfered with. If, as is stated, the *inferior* or recurrent laryngeal nerve is the nerve of inspiration, of course the pressure of the tumor upon it would cause the difficulty which in this case existed. Expiration would receive no impediment. What, then, would be the result? The difficulty in getting air in, and the extreme facility by which that already in the lungs could get out, would naturally cause an attempt at a vacuum in the *intra-pleural* space, which would be followed by hydrothorax. Of course, after the serum has accumulated, an additional obstruction is added to prevent the entrance of air, the circulation is checked, and heart-failure occurs. In those cases where expiration is impaired, as emphysema, for instance, I believe we find œdema of the lung at the autopsy.

Dr. SEILER said that, when present, the voice is a very valuable characteristic. In many cases of goitre there is marked aphonia, due to pressure of the tumor upon the laryngeal nerve; but there are also cases of aphonia in which no such pressure can be shown to have existed.

Dr. HODGE said the point was a very interesting one. The general explanation of the modified voice is by pressure on the nerves or by alteration in the size of the trachea. Cases occur where it is evident that the pressure on the trachea is insufficient to produce an encroachment on its lumen, and yet the patient appeared to die of dyspnœa. Mr. Lennox Browne, of London, explains the result by pressure upon the muscular tissue between the rings of the trachea interfering with its proper action.

Dr. SEILER said it was almost impossible to reduce the lumen of the trachea to such an extent as not to permit sufficient air to pass through. We use very small tubes in the operation of tracheotomy, and yet they seem all-sufficient for the air-supply. In removing polypi, the cut edges of the cord often grow together, leaving a very narrow orifice for breathing, and yet there is no dyspnœa. These fatal cases are often explained on the supposition that a sudden momentary pressure on the recurrent laryngeal nerve produces paralysis of the abductors for a time and allows full play of the adductors to close the glottis.

Dr. HODGE said the point made by Dr. Seiler was important. As regards goitres, the pressure caused by them is seldom so great

as to prevent the free passage of air. There is another class of cases presenting dyspnœa,—the syphilitic ulceration in the interior of the trachea,—where the nerves are not involved, and yet we have fatal dyspnœa.

Dr. SEILER recalled a case in which tracheotomy had been performed and the patient died under the operation. There proved to be almost complete closure of the trachea by cicatricial tissue, three inches below the seat of operation, and the immediate cause of death was a small clot of blood which had descended the trachea and filled the narrow opening which had remained.

Dr. HODGE said much depends upon the condition of the patient,—some temporary cause producing temporary dyspnœa. In other cases, where there is a continuous obstruction, there is a continuous dyspnœa.

Dr. H. further said it is not infrequent for tracheotomy to be performed at a point supposed to be below the seat of obstruction, and after the operation the position of the disease or external pressure to be found even lower down.

GLEANINGS FROM EXCHANGES.

INHALATION OF PHENIC ACID IN CATARRHAL AFFECTIONS OF THE RESPIRATORY ORGANS (*Maryland Medical Journal*).—In a French journal the following résumé appears, translated from the Russian: "M. Moritz noticed that the exhibition of phenic acid in vapor diminished the frequency of bronchial catarrh, and one of his colleagues, Assendelfft, made the same observation. He therefore tried its use on two young children suffering with whooping-cough, and in a few days they were well. He afterwards tried it in a case of measles: the cough diminished, and the patient was much calmer at night. In two surgical cases, with tendency to pulmonary congestion, the cough disappeared completely. On the contrary, this treatment proved deleterious in two phthisical patients.

"In the general discussion which followed the reading of this paper, Schwers agreed with Moritz that phenic acid controlled cough, be it administered by injection or inhalation. Masing had remarkable success with it in a case of whooping-cough of three months' standing. Schmitz and other members of the Medical Society of St. Petersburg stated that they had derived excellent results from the employment of this agent."

A NEW SIMPLE METHOD OF OPERATION FOR LARYNGEAL POLYPI (*The Clinic*).—Voltolini, at a meeting of the Silesian Society of February 9 (*Monatsschrift für Ohrenheilkunde*, ii., 1877), communicated a procedure through which polypi may be removed from the larynx without the aid of instruments, and even also without the employment of the laryngeal mirror. It simply consists in "wiping out the larynx with a wiper, and so removing the soft polypi." As a wiper Voltolini uses a flexible wire to which is fastened a sponge of a thickness not exceeding one mm., which is previously softened in water and then pressed out. With such a swab he pushes "blindly" into the larynx. As soon as the entrance of the larynx is passed, it closes and embraces the probang. The particular art of the method consists "in permitting the swab to remain at rest as soon as the larynx has embraced it, waiting, as it were, until the larynx again opened." When this happens, as is very soon the case, the sponge is pushed farther downward through the open glottis, and "carried now upward and downward, wiping out the larynx." With the withdrawal of the sponge in the favorable cases the polypi are pulled out, and in this manner removed. As a matter of course, this procedure only succeeds with relatively soft polypi. The author gave six cases in which with him this simple process was successful.—*Berl. Klin. Wochenschr.*, No. 8, April, 1877.

MISCELLANY.

COLD BATHS IN INFANTILE DIARRHŒA.—In our issue of the 13th ultimo, we remarked that Dr. Horatio Wood, of Philadelphia, had drawn particular attention to the effect of heat and of the rays of the sun in causing cholera infantum, diarrhœa, enteritis, etc., and to the remarkable efficacy of enforced cold bathing in these cases.

It appears from *Lo Sperimentale*, No. 10, 1876, that Dr. Wocke has also been drawing attention to the same plans of treatment. He refers more particularly to the terrible epidemics of diarrhœa which prevail in summer. The epidemic is due, he says, in part to the deleterious influence of the elevated temperature on the infantile organism, and in part to the injurious effect which the heat exerts on the aliment, the milk, and the air inspired. For this state of things he recommends cold bathing, of which he has a high opinion. Wasting children, reduced by vomiting and diarrhœa, were as if regenerated by the second day after the baths were commenced. The restlessness disappeared, sleep was restored, the appetite increased, and the diarrhœa diminished. The cold baths act on the child as a tonic, and internal remedies then exert a better influence.

Dr. Wocke commences his treatment with cold douches to the head and stomach; then passes to baths, commencing at a temperature of 26° C., and reducing them to 22°. Three baths a day are sufficient.—*The Medical Press and Circular.*

SANTONIN-POISONING.—Prof. Binz has related a case in which apparently a very small dose induced serious symptoms. Two lozenges containing less than a grain were fol-

lowed ten hours afterwards by a convulsive attack beginning in the right upper limb, and afterwards appearing in the left arm and on the left side of the face. Several convulsive attacks followed for four or five days, during which period the urine was of a yellowish-greenish hue. The child had never had convulsions before. It would almost seem as if the lozenges must have contained more than the dose stated. Prof. Binz was induced by the case to make some experiments on animals, from which he concludes that nitrite of amyl is useless as an antidote, but that ether or chloroform should be inhaled or chloral hydrate injected.—*The Doctor.*

Explosive Compounds.—Students are often warned not to combine creasote and oxide of silver, and some other dangerous compounds. Two explosions have lately occurred, which are not easy to explain. A bottle in which some iodide of strychnia had been kept was held to the fire to warm it and loosen the stopper, when it exploded with violence and wounded the hand. It is supposed that iodide of nitrogen had been formed in consequence of some decomposition such as that formed by treating iodine with excess of ammonia. The other accident occurred in distilling oil of bitter almonds over nitrate of silver, to free it from prussic acid. Towards the end of the operation an explosion occurred, shattering all the apparatus near.—*The Doctor.*

New Horseshoe—Attention, Doctors.—Mr. Yates, of Manchester, England, has invented a horseshoe composed of three thicknesses of cowhide compressed into a steel mould and then subjected to a chemical preparation. It lasts longer, and weighs only one-fourth as much as the common shoe; it never splits the hoof, and has no injurious influence on the foot. It requires no calks; even on asphalt the horse never slips. It is so elastic that the horse's step is lighter and surer. It adheres so closely to the foot that neither dust nor water can penetrate between the shoe and the hoof.—*American Medical Bi-Weekly.*

Oil of Stavesacre in Scabies.—The fixed oil of stavesacre has been highly recommended by Dr. Squire (*British Medical Journal*, June 16) as a remedy for scabies. It is quite colorless, and nearly free from irritant properties. It is also odorless, and so is a very unexceptionable remedy. It may be obtained in quantity from the seeds by expression. Dr. Squire uses freely to the affected parts an ointment composed of one part of the oil to eight parts of lard.

A Dog.—Dr. John Sundberg relates, in the *Popular Science Monthly* for August, the story of a pup, eight months old, without training, which (who?), when his mistress was taken ill, not only brought her a basin to vomit in, but, without being told, and without her knowledge, went and brought Dr. Sundberg.

The election of Dr. Thos. R. Fraser to the chair vacated by the resignation of Sir Robert Christison is announced.

The German army is to have the benefit of the newest invention in the way of glass. The old water-bottles have been confiscated, and a new pattern has been expressly constructed in glass toughened by the De la Bastie process. The new flasks may be flung on the ground and do not break, are not damaged by the ordinary casualties of concussion, and do not crack if filled with hot fluids.—*Medical Examiner.*

Extemporaneous Pill-Coating.—The pills, made of a hard mass and well rounded on a smooth surface in the usual way, are moistened with simple syrup, diluted with one-fourth the quantity of water, and then rolled about with the outspread fingers in a comparatively large quantity of finely-powdered elm-bark.—*H. Hildebrand, in Chicago Pharmacist.*

Bromine Acne.—In a case of bromine acne at St. Bartholomew's Hospital in a girl, aged 18, who had been taking half a drachm of bromide of ammonium twice a day to check her epileptic fits, the following lotion almost completely removed them during the continuance of the bromide mixture: ℞ Sulphuris precipit., ʒiij; spiritus camp., ʒj; aquæ calcis ad ʒiij. Fiat lotio.—*The Doctor.*

A Remedy for Bedbugs.—A correspondent writes to the *British Medical Journal* as follows: "The best remedy for bugs in hospitals is a bug-trap made by boring a series of holes in a piece of soft wood with a gimlet, and placing this under the mattress of each cot. The piece of wood is to be placed periodically into a basin of boiling water. This is an Indian hospital plan."

Jaborandi in Albuminuria of Pregnancy.—Dr. Langlet reports (*Union Méd. et Scient. du Nord-est*, 1877, No. 6) a case of cure of albuminuria in a pregnant woman by jaborandi.

Siemens, of Dresden, is said to be manufacturing a glass, by means of hydraulic pressure, five times stronger than the toughened glass of Bastie.

Prof. Lister is to deliver the introductory lecture at King's College, London, in October.

OFFICIAL LIST

OF CHANGES OF STATIONS AND DUTIES OF OFFICERS OF THE MEDICAL DEPARTMENT U.S. ARMY FROM JULY 29, 1877, TO AUG. 11, 1877, INCLUSIVE.

Campbell, Jno., Major and Surgeon.—Leave of absence extended twenty days. S. O. 178, Division of the Atlantic, August 10, 1877.

Turrill, H. S., First-Lieutenant and Assistant-Surgeon.—Leave of absence extended three months. S. O. 168, A. G. O., August 8, 1877.

Hall, Wm. R., First-Lieutenant and Assistant-Surgeon.—To accompany, until otherwise ordered, the cavalry commanded by Capt. Whipple. S. O. 20, Headquarters Department of the Columbia, in the field, June 29, 1877.

Buell, J. W., First-Lieutenant and Assistant-Surgeon.—Granted leave of absence for one month, on Surgeon's certificate of disability, with permission to leave the limits of the Department. S. O. 137, Department of Texas, July 28, 1877.

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THIRTY-SEVENTH SESSION.—1877-78.

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CHARLES INSLEE PARDEE, M.D., Professor of Diseases of the Ear; Dean of the Faculty.

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THE COLLEGIATE YEAR is divided into three Sessions, a Preliminary Session, a Regular Winter Session, and a Spring Session.

THE PRELIMINARY SESSION will commence September 19, 1877, and will continue until the opening of the Regular Winter Session. It will be conducted on the plan of that Session.

THE REGULAR WINTER SESSION will commence on the 3d of October, 1877, and end about the 1st of March, 1878.

The location of the new College edifice being immediately opposite the gate of Bellevue Hospital, and a few steps from the ferry to Charity Hospital, Blackwell's Island, the students of the University Medical College are enabled to enjoy the advantages afforded by these Hospitals, with the least possible loss of time. The Professors of the practical Chairs are connected with the Hospitals, and the University students are admitted to *all the Clinics* given therein, *free of charge.*

In addition to the daily Hospital Clinics, there are eight Clinics each week in the College Building. Five Didactic Lectures will be given daily in the College Building, and Evening Recitations will be conducted by the Professors of Chemistry, Practice, Anatomy, Materia Medica, etc., Physiology, Surgery, and Obstetrics, upon the subjects of their Lectures.

THE SPRING SESSION embraces a period of twelve weeks, beginning in the first week of March and ending the last week of May. The daily Clinics, Recitations, and Special Practical Courses will be the same as in the Winter Session, and there will be Lectures on Special Subjects by the Members of the Post-Graduate Faculty.

THE DISSECTING-ROOM is open throughout the entire Collegiate year; material is abundant, and it is furnished free of charge.

STUDENTS WHO HAVE STUDIED TWO YEARS may be admitted to examination in Chemistry, Anatomy, and Physiology, and, if successful, will be examined at the expiration of their full course of study, on Practice, Materia Medica, and Therapeutics, Surgery, and Obstetrics; but those who prefer it may have all their examinations at the close of their full term.

FEES.

For Course of Lectures	$140 00
Matriculation	5 00
Demonstrator's Fee, including material for dissection	10 00
Graduation Fee	30 00
Post-Graduate Certificate	30 00

For further particulars, and circulars, address the Dean,

Prof. CHAS. INSLEE PARDEE, M.D.,

University Medical College, 410 East 26th St., New York City.

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ALFRED STILLÉ, M.D., LL.D., Professor of Theory and Practice of Medicine, and Clinical Medicine.
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WILLIAM PEPPER, M.D., Professor of Clinical Medicine.
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New matriculates are required to attend three winter courses of instruction of five months each, consisting of graded didactic lectures, clinical lectures, and practical work in laboratories and hospitals.

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Second Year.—Anatomy, Topographical Anatomy, Medical Chemistry, Physiology, General Pathology and Morbid Anatomy, Therapeutics, Obstetrics, Theory and Practice of Medicine, Surgery, Clinical Medicine and Clinical Surgery. *Final examinations* in Anatomy, Medical Chemistry, Physiology, General Pathology, and Morbid Anatomy.

Third Year.—Topographical Anatomy, Theory and Practice of Medicine, Surgery, Obstetrics, Therapeutics, Operative Surgery, Minor Surgery and Bandaging, Diseases of Women and Children, Didactic Gynæcology; *Bedside instruction* in Practical Medicine and Surgery; Practical Ophthalmology, Otology, Dermatology, and Electro-Therapeutics; Clinical Medicine and Surgery, and Special Clinics (Nervous Diseases, Diseases of Skin, Eye, Ear, and of Women and Children). *Final examinations* in Therapeutics, Theory and Practice of Medicine, Surgery, and Obstetrics.

In carrying out the above plan, advantage will be taken of the newly-furnished laboratories of the University, and of the great clinical facilities afforded by the University, Philadelphia, and Pennsylvania Hospitals.

Students who have attended one course in a regular† medical school will be admitted as students of the second course in the University, after having satisfactorily passed an examination in General Chemistry and Materia Medica and Pharmacy. Students who have attended two courses in a regular medical school will be admitted as students of the third course, after examination in General and Medical Chemistry, Materia Medica and Pharmacy, Anatomy, and Physiology.

Graduates of other regular medical schools in good standing will be admitted as students of the third course in this institution without any examination.

In the spring months, a valuable course on numerous practical and scientific subjects, by a large corps of professors and lecturers, is given; and the laboratories of Chemistry, Pharmacy, Histology, Physiology, and Pathology are open throughout these months, affording a valuable post-graduate course.

The Lectures of the Winter Session of 1877-78 *will begin on the first Monday* (1st) *of October, and end on the last day of February. The Preliminary Course will begin on Monday, September* 10.

FEES, IN ADVANCE.—First Course of Lectures, including Matriculation and Dissection, $155.00. Dissecting material free. Second Course, $140.00. Third Course, $100.00. Graduation fee, $30.00.

For Announcement, giving full particulars, address

JAMES TYSON, M.D., Secretary,
P. O. Box 2838, Philadelphia.

* The course on Physiology during the coming session will be delivered by PROF. TYSON.
† Homœopathic and Eclectic schools are not recognized as being in this category.

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SESSIONS OF 1877-78.

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THE PRELIMINARY AUTUMNAL TERM for 1877–1878 will open on Wednesday, September 19, 1877, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures on special subjects and daily clinical lectures, will be given, as heretofore, by the entire Faculty. Students expecting to attend the Regular Session are strongly recommended to attend the Preliminary Term, but attendance during the latter is not required. *During the Preliminary Term clinical and didactic lectures will be given in precisely the same number and order as in the Regular Session.*

THE REGULAR SESSION will commence on Wednesday, October 3, 1877, and end about the 1st of March, 1878.

FACULTY.

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Professor of Principles and Practice of Surgery, Diseases of Genito-Urinary System, and Clinical Surgery.

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Professor of Orthopedic Surgery, Fractures, and Dislocations, and Clinical Surgery.

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WILLIAM T. LUSK, M.D.,
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Professor of Dermatology, and Adjunct to the Chair of Principles of Surgery.

EDWARD G. JANEWAY, M.D.,
Professor of Practical Anatomy. (Demonstrator of Anatomy.)

LEROY MILTON YALE, M.D.,
Lecturer Adjunct upon Orthopedic Surgery.

A. A. SMITH, M.D.,
Lecturer Adjunct upon Clinical Medicine

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The Spring Session consists chiefly of Recitations from Text-books. This term continues from the first of March to the first of June. During the Session daily recitations in all the departments are held by a corps of examiners appointed by the regular Faculty. Regular clinics are also given in the Hospital and College building.

FEES FOR THE REGULAR SESSION.

Fees for Tickets to all the Lectures during the Preliminary and Regular Term, including Clinical Lectures,	$140.00
Matriculation Fee	5.00
Demonstrator's Ticket (including material for dissection)	10.00
Graduation Fee	30.00

FEES FOR THE SPRING SESSION.

Matriculation (Ticket good for the following Winter)	$5.00
Recitations, Clinics, and Lectures	35.00
Dissection (Ticket good for the following Winter)	10.00

Students who have attended two full Winter Courses of Lectures may be examined at the end of their second course upon Materia Medica, Physiology, Anatomy, and Chemistry, and, if successful, they will be examined at the end of their third course upon Practice of Medicine, Surgery, and Obstetrics only.

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